

Application – Mentor Teacher Teacher Licensure Unit (TLU)

Personal Information			
First Name _____ Middle Initial _____ Last Name _____			
Current Pre-K assignment or other assignment/responsibility: _____			
Mailing Address _____ City _____ Zip Code _____ County _____			
Home Phone Number _____ Cell Number _____ Work _____			
Your E-Mail Address: _____ Work E-mail: _____			
Education and Licensing Information			
<input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Ed. D/Ph.D			
Program Major (s)/Minor: _____			
College/University: _____			
Please check the type of license you hold: <input type="checkbox"/> B-K SP 1 or 2 <input type="checkbox"/> Preschool Add-on <input type="checkbox"/> Other (list type) _____			
Have you had Mentor Teacher training: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____			
Relevant Work Experience			
<u>Your may submit a resume with the following information.</u>			
<u>Job Title</u>	<u>Employer</u>	<u>Employer's Address</u>	<u>Date of Employment</u>

Application Check List			
<input type="checkbox"/> Current Resume <input type="checkbox"/> 3 Reference Letters Requested			
<input type="checkbox"/> Completed Response Questions <input type="checkbox"/> Copies of Performance Evaluations Attached			
<input type="checkbox"/> Copy of Teaching License Attached <input type="checkbox"/> Copy of Evaluator Training Certificate Attached			
<input type="checkbox"/> Copy of Mentor Training Certificate Attached			
<input type="checkbox"/> Mail completed application to the following address: Teacher Licensing Unit <div style="text-align: right; margin-right: 50px;"> Office of School Readiness NC Department of Public Instruction 2075 Mail Service Center Raleigh, NC 27699-2075 </div>			
Signature: _____			Date: ____/____/____

Recommendation Form

Mentor Applicant's Name: _____

Work Number: _____ Mobile/Cell Number: _____

1. How long and in what capacity have you known the applicant?
2. The Mentor Program is looking for teachers who are empathic, who build friendships easily, who are themselves models of effective teaching, and who discuss teaching with fluency. Briefly give your assessment of the applicant's ability to fill the role of mentor.

3. Please check one of the following statements and sign below:

_____ I recommend this person as a mentor teacher. She/he meets the conditions for becoming a Mentor Teacher.

- ☐ Three years of successful teaching experience
- ☐ Positive/favorable evaluations for the past 3 years
- ☐ Evidence of innovation as a Pre-K or Kindergarten educator
- ☐ Commitment to the helping role of a potential mentor

_____ I do not recommend this teacher to become a mentor teacher of beginning pre-k teachers at the present time.

4. Please comment concerning your over-all recommendations of this person as a mentor of beginning or initially licensed teachers.

Name of Person completing the Recommendation: (please print): _____

Title: _____

Relationship to the mentor applicant: _____

Signature/Title: _____ Date: _____

Telephone/Cell number(s): _____ E-Mail _____

Please mail your recommendation to the following address:
NC Office of School Readiness/Teacher Licensure Unit
2075 Mail Service Center
Raleigh, NC 27699-2075

Mentor Response Questions

Thank you for your interest in becoming a mentor teacher for initially licensed More at Four teachers working in nonpublic schools/classrooms in North Carolina. In the space provided, write a response to each of these questions (there are no right or wrong answers). Please attach this form to your application.

1. What skills do you think a mentor should have in order to establish a productive helping relationship?

2. What communication skills should a mentor demonstrate?

3. As a mentor you must be able to demonstrate knowledge of the diverse roles of the mentoring relationship. What does this statement mean to you?

4. As a mentor what instruments and strategies would you use for promoting growth in the beginning teacher or initially licensed teacher?

Your name (please print) _____
Your signature (please sign) _____ Date _____